

## Request for Continued Examination (RCE) Transmittal

Address to:  
Mail Stop RCE  
Commissioner For Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

Application No.	10/591,207
Confirmation No.	6631
Filing Date	November 14, 2006
First Named Inventor	WANG, Juntao
Group Art Unit	2416
Examiner Name	ANWAR, Mohammad S.
Attorney Docket No.	HW254172
Leydig Reference No.	OP0672099P/US; 0411920US

This is a Request for Continued Examination (RCE) under 37 CFR 1.114 of the above-identified application.

- |   |  |
|---|--|
| <b>1. Submission required under 37 CFR 1.114</b>  |  |
| a. <input type="checkbox"/> Previously submitted  |  |
| i. <input type="checkbox"/> Consider the amendment(s)/reply under 37 CFR 1.116 previously filed on<br>(Any unentered amendment(s) referred to above will be entered.)   |  |
| ii. <input type="checkbox"/> Consider the arguments in the Appeal Brief or Reply Brief previously filed on  |  |
| iii. <input type="checkbox"/> Other:  |  |
| b. <input checked="" type="checkbox"/> Enclosed   |  |
| i. <input checked="" type="checkbox"/> Amendment/Reply  | iv. <input type="checkbox"/> Form PTO-1449   |
| ii. <input type="checkbox"/> Affidavit(s)/Declaration(s)  | v. <input type="checkbox"/> Copies of References listed in Form PTO-1449<br>(except for U.S. patents and applications) |
| iii. <input type="checkbox"/> Information Disclosure Statement (IDS)  | vi. <input type="checkbox"/> Other:  |
| <b>2. Miscellaneous</b>   |  |
| a. <input type="checkbox"/> Suspension of action on the above-identified application is requested under 37 CFR 1.103(c) for a period of<br>months. (Period of suspension shall not exceed 3 months; fee under 37 CFR 1.17(i) required.)   |  |
| b. <input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27   |  |
| c. <input type="checkbox"/> Other:  |  |
| <b>3. Fees</b> - The RCE fee under 37 CFR 1.17(e) is required by 37 CFR 1.114 when the RCE is filed.  |  |
| a. <input checked="" type="checkbox"/> Please charge Deposit Account No. 12-1216 in the total amount indicated below.   |  |
| i. <input checked="" type="checkbox"/> RCE fee of \$810.00 (large entity) required under 37 CFR 1.17(e)   | \$810.00   |
| ii. <input checked="" type="checkbox"/> Two-month extension of time fee of \$490.00 (37 CFR 1.136 and 1.17)   | \$490.00   |
| iii. <input type="checkbox"/> An extension for                          has already been secured and the fee paid therefor of \$ 0.00<br>is deducted from the total fee due for the total amount of extension now requested.  |  |
| iv. <input checked="" type="checkbox"/> Petition for an extension of time (including the period noted above, if checked), as well<br>as for any additional period necessary to render the present submission timely. Please<br>charge Deposit Account No. 12-1216 for the appropriate petition fee. |  |
| v. <input type="checkbox"/> Suspension of action fee of \$130.00 (37 CFR 1.17(i))   | \$ 0.00  |
| vi. <input type="checkbox"/> Other:   |  |
| vii. <input type="checkbox"/> Claim fee   |  |

CLAIM FEE	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	EXTRA CLAIMS PRESENT	RATE	ADD'L CLAIM FEE	RATE	ADD'L CLAIM FEE	
TOTAL	21	MINUS	21	= 0	x 26 =		x 52 =	\$0.00	
INDEPENDENT	1	MINUS	3	= 0	x 110 =		x 220 =	\$0.00	
	<input type="checkbox"/>	FIRST PRESENTATION OF MULTIPLE CLAIM			+ 195 =		+ 390 =		

**Total amount to be charged to Deposit Account**

- b.  The Commissioner is hereby authorized to charge any deficiencies in the above fees or to credit any overpayments to Deposit Account No. 12-1216.

**SIGNATURE OF APPLICANT, ATTORNEY OR AGENT REQUIRED**

Name (Print/Type)	John B. Conklin	Registration No. (Attorney/Agent)	30,369
Signature		Date	December 2, 2010
Address	Leydig, Voit & Mayer, Ltd. Two Prudential Plaza, Suite 4900 180 North Stetson Avenue Chicago, Illinois 60601-6731	Phone	(312) 616-5600 (telephone) (312) 616-5700 (facsimile)